Thesis Committee Evaluation of an Application for Accelerated Admission to the PhD program

Name of Student:  ___________________________________________________________________

Research Report Title:   _______________________________________________________________

_______________________________________________________________

MA Program Option (check one):    Research ________      Research and Clinical Training ________

In considering the student’s Interim Research Report, and the presentation and discussion at the meeting of the Thesis Committee, the student should be evaluated in terms of his/her 1), contribution to knowledge (originality, quality, quantity) 2), research and experimental work (adequacy, skill, thoroughness) 3), understanding of the subject (review of previous work, evaluation, validity of conclusions) and 4), presentation (organization, tables, figures, style, typescipt). The committee should also consider the student’s performance in coursework, and the adequacy of progress in clinical practica for students in the Research and Clinical Training Option.

General Comments (add extra sheets as required)
___________________________________________________________________________________
___________________________________________________________________________________
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___________________________________________________________________________________

Should the student obtain accelerated admission to the PhD program?

Thesis Supervisor:  ____________________ Signature: ______________ Yes ____  No _____

Committee Member:  __________________ Signature: ______________ Yes ____  No _____

Committee Member:  __________________ Signature: ______________ Yes ____  No _____

Date:   ______________________________

This form must be submitted to the Graduate Program Assistant (SP-244) by August 15. At the same time, the student must also submit the form “Notice of Withdrawal from Graduate Program” in order to terminate their enrollment in the MA program.


For Research and Clinical Training Option students, this form must also be signed by the Director of Clinical Training at a time after the annual evaluation meeting for clinical students in May.

Director of Clinical Training:  ____________  Signature: ______________ Yes ____  No _____

Date:   ______________________________